

Case Number:	CM14-0066304		
Date Assigned:	07/11/2014	Date of Injury:	02/09/2011
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; opioid therapy; topical agents; and earlier lumbar laminectomy. In a Utilization Review Report dated May 1, 2014, the claims administrator apparently approved Norco, Lyrica, and a follow-up office visit while denying a hepatic function testing and renal function testing. The claims administrator based this denial on the fact that the applicant was reportedly not using NSAIDs. The claims administrator mislabeled page 70 of the MTUS Chronic Pain Medical Treatment Guidelines as originating from ACOEM, it is incidentally noted. The applicant's attorney subsequently appealed. The applicant underwent an epidural steroid injection therapy on January 14, 2014. In a progress note dated May 5, 2014, the applicant was described as off of work owing to ongoing complaints of low back pain. The applicant last worked in 2011, it was acknowledged. The applicant was using Norco, Lyrica, and LidoPro, it was noted at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hepatic function panel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, intermittent evaluation of an applicant's CBC, renal function, and hepatic function are recommended in applicants using NSAIDs chronically. In this case, while the applicant is not using NSAIDs per se, the applicant is using other agents which are potentially hepatotoxic and/or nephrotoxic, such as Norco and Lyrica. Periodic assessment of the applicant's hepatic function to ensure that the applicant's present hepatic function is compatible with prescribed medications is indicated, by analogy. Therefore, the request is medically necessary.

Renal function panel: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, dose adjustment of Lyrica is necessary in applicants with renal insufficiency. In this case, the applicant is, in fact, using Lyrica, an anticonvulsant adjuvant medication. Periodic monitoring of the applicant's renal function to ensure that the applicant's present levels of renal function are compatible with prescribed medications, including Lyrica, is indicated. Therefore, the request is medically necessary.